



# City of Benson Application for Employment

► SEND RESUME AND COMPLETED APPLICATION TO:  
CITY OF BENSON, 1410 KANSAS AVE. BENSON, MN 56215

**This application is to be printed in your own handwriting.**

Date of Application: \_\_\_\_\_

Position Applied for: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Numbers – Home: \_\_\_\_\_ Cell: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

### Educational Background

High School Graduate? Yes\_\_\_\_\_ No\_\_\_\_\_

Post High School Education/Training:

School or Program	Address	Date Attended	Degree

Current Licenses or Certificates held that would be applicable to the position for which you are applying:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Work Experience

Current/Most Recent Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this person? \_\_\_\_\_

Salary – Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Prior Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this person? \_\_\_\_\_

Salary – Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

Prior Employer: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: \_\_\_\_\_

Position: \_\_\_\_\_ Employed from: \_\_\_\_\_ to \_\_\_\_\_

Supervisor: \_\_\_\_\_ May we contact this person? \_\_\_\_\_

Salary – Starting: \_\_\_\_\_ Ending: \_\_\_\_\_

Duties and responsibilities: \_\_\_\_\_

\_\_\_\_\_

<b>Other Information:</b>	<b>Yes</b>	<b>No</b>
Do you have a Social Security number?		
Can you legally accept permanent employment in the United States?		
Are you over the age of 18? If not, state your date of birth: _____		
Are you currently employed?		
Are you available to work full-time?		
Are you available to work part-time?		
Can you travel if your job requires it?		
Is adequate transportation available so you can get to work on time every day?		
Have you ever been bonded on a job?		
Is there any reason why you cannot be at work on time every day? If yes, why? _____		
Are you a Veteran? If yes, please complete attached form.		
On what date would you be available to start? _____		

**Other Training or Experience** – Summarize special job related skills and qualifications:

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**References:**

1) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Complete Mailing Address)

2) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Complete Mailing Address)

3) \_\_\_\_\_ (Name) \_\_\_\_\_ (Phone)  
 \_\_\_\_\_ (Complete Mailing Address)

**IMPORTANT INFORMATION FOR APPLICANTS FOR EMPLOYMENT WITH THE CITY OF BENSON**

In accordance with the Minnesota Government Data Practices Act, the City of Benson (the "City") is required to inform you of your rights as they pertain to private data collected from you. Private data is that information which is available to you, but not to the public. Some personal information we collect about you is private.

Minnesota Statutes 13.01 to 13.87, Government Data Practices, requires that you be informed that the following personal information which you are asked to provide on this Employment Application is considered private data:

- 1. Name (becomes public when certified as a "finalist")
- 2. Home Address
- 3. Home Phone Number
- 4. Age Group

We ask this information for the following reasons:

- 1. To distinguish you from all other applicants and identify you in our personnel files.
- 2. To help us to be sure that you are the individual who makes the application.
- 3. To help us to contact you when more information is required, when we send you notices, and/or when we schedule you for interviews.
- 4. To see if you meet the minimum age requirements (if any)
- 5. To conduct proper background investigations needed when applying for a position.
- 6. To determine whether or not any conviction record may be a job-related consideration affecting your suitability for the position you applied for.
- 7. To enable us to ensure your rights to equal opportunities.
- 8. To meet federal and state reporting requirements.

Data supplied by you may be used for such purposes as may be determined to be necessary in the administration of personnel in the City and in the administration of personnel policies, rules, and regulations.

Private data is available only to you and to other persons in the City who have a justified need for the data. Public data is available to anyone requesting it and consists of all data furnished in the employment process which is not designated in this notice as private data.

Names of applicants remain private except when certified as eligible for appointment to a vacancy or when applicants are considered by the City to be finalists for a position. "Finalist" means a person who is selected to be given an interview as a final step prior to selection.

By my signature below, I certify that I have read (or had read to me) the information printed above and understand its meaning.

I certify that answers given herein are true and complete to the best of my knowledge.

Unless otherwise indicated above, the City is hereby authorized to contact my former employers for information concerning my employment, ability, experience, and behavior on the job.

I understand that nothing in this employment application is intended to lead to or create an employment contract between the City and myself.

In the event of employment, I understand that false or misleading information given in my application or interview(s) will likely result in discharge. I also understand that I am required to abide by all rules and regulations of the City.

**SIGNATURE OF APPLICANT:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

<b>For City Use Only</b>	
Arrange Interview? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Interviewer: _____	Date of Interview: _____
Remarks: _____	
Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Employed: _____
Hourly Rate/Salary: _____	
Position: _____	Department: _____
By: _____	Date: _____
(Name & Title)	

# City of Benson

1410 Kansas Avenue  
Benson, MN 56215

Office: (320) 843-4775  
Fax: (320) 842-7151

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## Application for Veterans Preference Points

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Eligibility: Preference points are awarded to qualified veterans and spouses of deceased or disabled veterans to add to supplement their application. Points are awarded subject to the provisions of Minnesota Statute 43A.11 with the definition of a veteran found in Minnesota Statute 197.447. To be eligible for veteran's preference points you must:

Be separated under honorable conditions from any branch of the armed forces of the United States after having served on active duty for 181 consecutive days or by reason of disability incurred while serving on active duty, or after having served the full period called or ordered for federal active duty, and be a citizen of the United States or resident alien; or be the surviving spouse of a deceased veteran, who died on active duty or as a result of active duty, or the spouse of a disabled veteran who because of the disability is not able to qualify.

The information you provide on this form will be used to determine your eligibility for veteran's preference points.

Instructions: You are not required to supply this information, but we cannot award veteran's points without it. You must supply a copy of your DD214 or DD215. Disabled veterans must also supply a USDVA letter of disability rating decision of 10% or more. Spouses applying for preference points must supply a copy of their marriage certificate, the Veteran's DD214 or DD215, and spouse's death certificate.

**Position you are applying for:** \_\_\_\_\_ **Closing Date:** \_\_\_\_\_

**Name:** \_\_\_\_\_ **Social Security Number:** \_\_\_\_\_  
Last First middle

**Address:** \_\_\_\_\_ **US Citizen or resident alien?** \_\_\_ Yes \_\_\_ No  
**Phone Number:** \_\_\_\_\_

**VETERAN (10 points):**

*(DD214 or DD215 must be submitted to receive points.)*

Honorably discharged veteran.....\_\_\_YES \_\_\_NO

**DISABLED VETERAN (15 points):**

*(DD214 and USDVA letter of disability rating decision of 10% or more must be submitted to receive points.)*

Percent of Disability: \_\_\_\_\_%

Have you ever been promoted in City of Benson employment?.....\_\_\_YES \_\_\_NO

**SPOUSE OF DECEASED VETERAN (10 points or 15 if the veteran was disabled at time of death):**

*(DD214 or DD215, photocopy of marriage certificate, spouse's death certificate and proof veteran died on or as a result of active duty must be submitted to receive points. You are ineligible to receive points if you have remarried or were divorced from the veteran.)*

Date of Death: \_\_\_\_\_

Have you remarried?.....\_\_\_YES \_\_\_NO

**SPOUSE OF DISABLED VETERAN (15 points):**

*(DD214 or DD21 and SUDVA letter of disability rating decision of 10% or more must be submitted to receive points.)*

How does Veteran's disability prevent performance of a stated job "requirement"? Due to the veteran's service-connected disability the veteran is unable to qualify for this position because...(be specific):

\_\_\_\_\_

**AFFIDAVIT:** *I hereby claim Veterans' Preference for this examination and swear/affirm that the information given is true, complete and correct to the best of my knowledge. I hereby acknowledge that I am responsible to obtain the required Veterans' Preference verification documents and submit them to the City of Benson by the position closing date.*

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_